

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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28		/		/		
29		2		/		
30		2		/		
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34		12		/		
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44		12		/		
45		12		/		
46		12		/		
47		12		/		
48		12		/		
49		12		/		
50		12		/		
TOTAL IND.	5		1			
TOTAL DEP.	298		23			
TOTAL CLAIMS	303		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		12		/		
52		12		/		
53	/	12		/		
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						